

Provider Communication

Subject: Preferred Drug List changes for Georgia Medicaid and PeachCare for Kids	Priority: High
Date: March 18, 2005	Message ID: ACSBNR03182005_1

Dear Provider:

Effective April 1, 2005

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next six (6) therapeutic categories impacted by this revision of the preferred drug list. All current quantity level limitations apply.

* Please note updates to the communication previously sent on 3/2/05, for the Proton Pump Inhibitors, Statins and Lipid Lowering Agents, are bolded in the table (page 2).

Dihydropyridine Calcium Channel Blockers			Proton Pump Inhibitors		
	Preferred	Non-Preferred		Preferred	Non-Preferred
	All generic products, all dosage formulations	Branded versions of generically available products		Nexium	Protonix
	Dynacirc/Dynacirc CR	Cardene SR		Prevacid (capsules and suspension)	Aciphex
	Norvasc				Omeprazole and Prilosec
	Plendil				Zegerid
	Sular				Prevacid NapraPAC
	Afedital CR				Prevacid SoluTab
	Nifediac CC				
	Nifedical XL				

Statins & Lipid Lowering Agents			Nasal Steroids		
	Preferred	Non-Preferred		Preferred	Non-Preferred
	All generic products	Branded versions of generically available products		All generic products	Branded versions of generically available products
	Zocor	Lipitor		Flonase	Beconase/Beconase AQ
	Vytorin	Pravachol		Nasonex	Nasacort/Nasacort AQ
	Zetia	Pravigard PAC		Rhinocort/Rhinocort Aqua	Nasalide
	Altacor/Altotprev	Crestor			Nasarel
	Lescol/Lescol XL	Caduet			Vancenase/Vancenase AQ
	Advicor				

COPD Anticholinergics			Beta Adrenergics		
	Preferred	Non-Preferred		Preferred	Non-Preferred
	Atrovent	Spiriva*		Albuterol	Xopenex*
	Duoneb			Metaproterenol	
	Combivent			Accuneb	
		<i>*Spiriva requires previous therapy with a preferred product.</i>			<i>* Xopenex will not require PA for patients ≤ 8 years of age. All other patients must use a preferred product.</i>

Grace Period –The grace period is listed in the table below for each of the Phase I classes where applicable.

Phase I Classes	Grace Period Starts	Grace Period Duration (days)	Prior Authorization Required Effective	Grandfather (Y/N)
Dihydropyridine CCBs	NA	NA	4/1/05	NA
PPIs	4/1/05*	See below**	See below**	N
* Applies to current users of nonpreferred PPIs only. ** Prior Authorizations for non-preferred PPIs currently in place will be honored through their expiration dates but no later than 7/31/05. After this date, all non-preferred PPIs will require new Prior Authorizations.				
Statins and Lipid Lowering Agents	4/1/05	See below	See below	N
<ul style="list-style-type: none"> Nursing home patients using Lipitor will require Prior Authorization beginning 6/1/05. All patients using Crestor or Pravachol will require Prior Authorization beginning 6/1/05. Patients not in nursing homes using Lipitor will require Prior Authorization beginning 7/1/05. Current Caduet and Lipitor 80mg users will be grandfathered. 				
Nasal Steroids	NA	NA	4/1/05	N
COPD Agents	NA	NA	4/1/05	Y
Beta Adrenergics	NA	NA	4/1/05	N

Georgia Medicaid asks for your support in converting affected patients to an alternative preferred product where appropriate. If the preferred agent is not appropriate for a specific patient, the prescriber may contact Express Scripts at 1-877-650-9340 proactively and request a prior authorization.

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans.

We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.